

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
MAY 15 2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <u>25586</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 20 <u>05</u> Through: <u>12</u> / <u>31</u> / 20 <u>05</u>
3. Name and address of person filing. Name <u>JIMMY</u> <u>HAYNES</u> P.O. Box, Bldg., Room No., if any <u>487</u> Street <u>FROST AVE</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14611</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS AFL-CIO LOCAL UNION 435</u> Labor Organization File Number <u>027-498</u> P.O. Box, Building and Room Number, if any <u>20</u> Street <u>FOURTH ST</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14609</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER</u>	

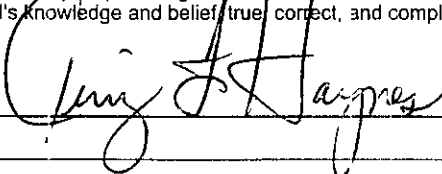
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

5/9/06
Date

585-454-5800

Telephone Number

Name of Person Filing JIMMY HAYNES

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

3/8-3/9 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING.

12.b. Amount.

\$671

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 120

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES
EDUCATION AND TRAINING ON CONSTRUCTION RELATED
TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/28/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF
PER DIEM FOR TRAVEL TO CAREERS IN CONSTRUCTION
CONFERENCE IN GLENMONT, NY

12.b. Amount.

\$269

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES
EDUCATION AND TRAINING ON CONSTRUCTION RELATED
TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5/18-5/19 REIMBURSEMENT FOR EXPENSES AND PROVISION
OF PER DIEM FOR TRIP TO WESTERN NY SAFETY COUNCIL.

12.b. Amount.

\$587

Name of Person Filing JIMMY HAYNES	File Number U-
------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 20</p> <p>Street FOURTH ST</p> <p>City ROCHESTER</p> <p>State New York ZIP Code + 4 14609</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>6/6-6/7 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY TRAINING & APPRENTICE MEETING IN ALBANY, NY.</p> <p>12.b. Amount. \$489</p>

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES
EDUCATION AND TRAINING ON CONSTRUCTION RELATED
TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5/24-5/31 REIMBURSEMENT OF EXPENSES AND PROVISION
OF PER DIEM FOR TRAVEL TO CBTU CONFERENCE IN
ARIZONA.

12.b. Amount.

\$2,775

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

10/17 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING IN WILLIAMSVILLE, NY.

12.b. Amount.

\$337

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS TRAINING & APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS TRAINING & APPRENTICE FUND PROVIDES
EDUCATION AND TRAINING ON CONSTRUCTION RELATED
TOPICS TO MEMBERS OF LABORERS' LOCAL 435.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

8/3-8/4 REIMBURSEMENT OF EXPENSES AND PROVISION OF
PER DIEM FOR TRAVEL TO UPSTATE LABORERS TRAINING
AND APPRENTICE MEETING IN ALEXANDRIA BAY, NY

12.b. Amount.

\$400

Name of Person Filing JIMMY HAYNES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPORTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2/28-3/1 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO ROADWAY CONSTRUCTION CONFERENCE IN ALBANY, NY

12.b. Amount.

\$659